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# Facsimile Transmittal

**To:** Examiner Mark W. Bockelman  
Art Unit: 3766

**Fax:** (571) 273-8300

**From:** Patrick J.S. Inouye

**Date:** December 1, 2005

**Re:** U.S. Patent Application  
Serial No. 10/646,104

**Pages:** 49 (including cover sheet)

**CC:**

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- USPTO Transmittal Form
- Supplemental Response to Restriction Requirement

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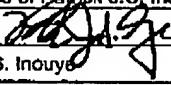
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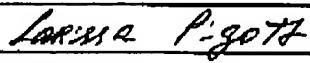
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/646,104
		Filing Date	August 22, 2003
		First Named Inventor	Bardy, Gust H.
		Art Unit	3768
		Total Number of Pages in This Submission	1
Examiner Name	Bocketman, Mark		
Attorney Docket Number	020.0335.US.CON		

<b>ENCLOSURES</b> <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Facsimile Cover Sheet</b>
Remarks		

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Firm Name	Law Offices of Patrick J.S. Inouye		
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Printed name	Patrick J.S. Inouye		
Date	December 1, 2005	Reg. No.	40297

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Typed or printed name	Larissa V. Pigott	Date	December 1, 2005

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**Supplemental Response to Restriction Requirement  
Docket No. 020.0335.US.CON**

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*In re Application of* )  
Gust H. Bardy ) Group Art Unit: 3766  
5 Serial No. 10/646,104 ) Examiner:  
Filed: August 22, 2003 ) Mark W. Bockelman  
10 For: System And Method For Collection And )  
Analysis Of Patient Information For )  
Automated Remote Patient Care )

**15 SUPPLEMENTAL RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

20

Examiner Bockelman:

In response to Office action mailed on November 1, 2005, for the above-referenced patent application, please enter the following amendments.

**Listing of claims begins on page 2 of this paper.**

25 **Remarks begin on page 27 of this paper.**